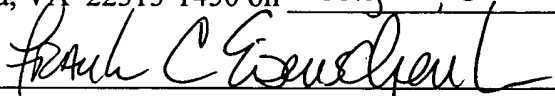


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Patent Application
Docket No. ISI-100
Serial No. 10/560,514


Frank C. Eisenschenk, Ph.D., Patent Attorney

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Adrian Hill, Anne C. Moore, Claire L. Nicoll
Serial No. : 10/560,514
Filed : December 13, 2005
For : Improved Vaccines

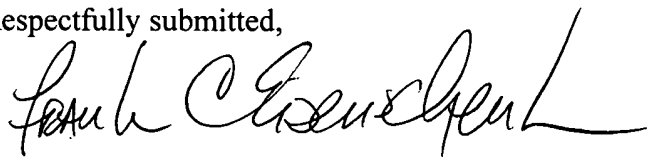
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P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF POWER OF ATTORNEY AND
CORRESPONDENCE ADDRESS INDICATION FORM

Sir:

Transmitted herewith for filing in connection with the above-identified patent application are Power of Attorney and Correspondence Address Indication Forms executed by the inventors.

Respectfully submitted,



Frank C. Eisenschenk, Ph.D.
Patent Attorney
Registration No. 45,332
Phone No.: 352-375-8100
Fax No.: 352-372-5800
Address: P.O. Box 142950
Gainesville, FL 32614-2950

FCE/gyl
Attachments: Power of Attorney forms



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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/560,514
Filing Date	December 13, 2005
First Named Inventor	Adrian Hill
Title	Improved Vaccines
Art Unit	
Examiner Name	
Attorney Docket Number	ISI-100

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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23557

OR

☐ Practitioner(s) named below:

Name	Registration Number

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<u>Adrian Hill</u>	Date	<u>11 June 2006</u>
Name	ADRIAN HILL	Telephone	<u>+441865287759</u>
Title and Company	<u>PROFESSOR, UNIVERSITY OF OXFORD</u>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Anne Moore</i>	Date	6/6/06
Name	ANNE C. MOORE	Telephone	01865287632
Title and Company	Senior Researcher, Oxford University.		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Claire L. Nicoll</i>	Date	4/7/06
Name	CLAIRE L. NICOLL	Telephone	
Title and Company			

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